

2020-2021 Annual NH School Immunization Report

SCHOOL NAME: _____

REQUIRED

1. How many kindergarten students are enrolled at this school?

2. Of the TOTAL KINDERGARTEN STUDENTS entered above, how many students are up-to-date and have completed the full immunization series for ALL required vaccines?

Do not include the students who have a medical/religious exemption or are not up-to-date at this time.

3. Of the TOTAL KINDERGARTEN STUDENTS entered above, how many students are CONDITIONALLY ENROLLED?

*Conditionally enrolled is defined as having documentation of at least one dose of each required vaccine(s) **and** an appointment date for the next due dose(s) of the required vaccines(s).*

4. Of the TOTAL KINDERGARTEN STUDENTS listed above, how many students have a RELIGIOUS EXEMPTION to one or more of the required vaccines?

5. Of the TOTAL KINDERGARTEN STUDENTS entered above, how many students have a MEDICAL EXEMPTION to one or more of the required vaccines?

6. Of the TOTAL KINDERGARTEN STUDENTS entered above, how many students are NOT up-to-date **and** DO NOT meet conditional enrollment or exemption criteria?

NOTE: Per NH RSA 141-C:20-a, these students should not be enrolled. However, in order to determine how best to support schools and school nurses, NHIP is now collecting this data to determine the extent of the problem.

Please complete and fax or mail to the
NH Immunization Program, 29 Hazen Drive, Concord, NH 03301
Fax number (603)271-3850
Or scan and email to: immunization@dhhs.nh.gov